

## G. SCREENING FOR SEVERE EMOTIONAL DISTURBANCE (ALL AGES)

The child must meet all of the criteria, 1 through 4 below.

- ☐ 1. The child meets **all three** of the following:
- ☐ Is under the age of 21 or is attending high school; **and**
  - ☐ Has an emotional disability that has persisted at least 6 months; **and**
  - ☐ That same disability is expected to persist for a year or longer.
- ☐ 2. The child has an emotional and / or behavioral problem that has been diagnosed by a board certified psychiatrist or clinical psychologist (Ph. D.) under the classification system in the American Psychiatric Assn. Diagnostic and Statistical Manual of Mental Disorders (DSM-III-R).

Adult diagnostic categories appropriate for children and adolescents are:

- ☐ Organic mental syndromes and disorders (292.00\* - 292.90\*, 294.80)
- ☐ Psychoactive substance use disorders (303.90, 304.00 - 304.90\*, 305.00, 305.20\* - 305.90\*). Use codes for abuse only.
- ☐ Schizophrenia (395.1x, 295.2x, 295.3x, 295.6x, 295.9x)
- ☐ Schizoaffective disorders (295.70)
- ☐ Mood disorders (296.2x - 296.70, 300.40, 301.13, 311.00)
- ☐ Somatoform disorders (300.11, 300.70\*, 300.81, 307.80)
- ☐ Dissociative disorders (300.12 - 300.15, 300.60)
- ☐ Sexual disorders (302.20 - 302.40, 302.70 - 302.79, 302.81 - 302.84, 302.89, 302.90, 306.51)
- ☐ Intermittent explosive disorder (312.34)
- ☐ Pyromania (312.33)
- ☐ Adjustment disorder (309.00, 309.23, 309.90)
- ☐ Personality disorders (coded on Axis II: 301.00, 301.20 - 301.50, 301.60 - 301.90)
- ☐ Psychological factors affecting physical condition (316.00 - *and specify physical conditions on Axis III*)

Disorders often evident in infancy, childhood and adolescence include:

- ☐ Pervasive developmental disorders (coded on Axis II: 299.00, 299.80)
- ☐ Disruptive behavior disorders (312.00, 312.20, 312.90, 313.81, 314.01)
- ☐ Anxiety disorders of childhood or adolescence (309.21, 313.00, 313.21)
- ☐ Eating disorders (307.10, 307.50, 307.51, 307.52, 307.53)
- ☐ Gender identity disorders (302.50, 302.60, 302.85\*)
- ☐ Tic disorders (307.20 - 307.23)
- ☐ Reactive attachment disorder of infancy or early childhood (313.89)

- ☐ 3. The child shows either a. *Symptoms* **or** b. *Functional Impairments*
- a. *Symptoms* - the child has at least **one** of the following:
- ☐ *Psychotic symptoms* - Serious mental illness (e.g. schizophrenia) characterized by defective or lost contact with reality, often with hallucinations or delusions.
  - ☐ *Suicidality* - The child must have made an attempt within the last three months or have significant ideation about or have a plan for suicide within the past month.

- ☐ *Violence* - The child is at risk for causing injury to persons or significant damage to property as a result of emotional disturbance (significant injury / damage as in fire setting, punching holes in walls; e.g., lack of appropriate impulse controls).
- ☐ *Anorexia Nervosa* - Weight loss of at least 25% of original body weight, signs of electrolyte imbalance, cardiac arrhythmias or congestive heart failure.
- b. *Functional Impairments* in **two** of the following capacities, compared with expected developmental level and **at a level that would place the child at risk of removal from family or its equivalent**.
  - ☐ *Functioning in self care* - Impairment in self care is manifested by a child's consistent inability to take care of age appropriate personal grooming, hygiene, clothes and meeting of nutritional needs.
  - ☐ *Functioning in community* - Impairment in community function is manifested by a consistent lack of age appropriate behavioral controls, decision-making, judgment and value systems which results in potential involvement or involvement with the juvenile justice system.
  - ☐ *Functioning in social relationships* - Impairment of social relationships is manifested by the consistent inability to develop and maintain satisfactory relationships with peers and adults.
  - ☐ *Functioning in the family* - Impairment in family function is manifested by a pattern of significantly disruptive behavior exemplified by repeated and / or unprovoked violence to siblings and / or parents, disregard for safety and welfare of self or others, i.e. - fire setting, serious and chronic destructiveness, inability to conform to reasonable limitations / expectations.
  - ☐ *Functioning at school* - Manifested by any **one** of the following:
    - ☐ The inability at school to pursue educational goals in a normal time frame; e.g. consistently failing grades, repeated truancy, expulsion, property damage or violence toward others; or
    - ☐ Meeting the definition of "*child with exceptional educational needs*" under ch. PI 11 and 115.76(3), Wis. Stats.
- ☐ 4. The child is receiving services from **two\* or more** of the following service systems.
  - ☐ Mental Health (services of a Medicaid certifiable provider)
  - ☐ Special Education (ED placement)
  - ☐ Juvenile Justice (children adjudicated delinquent are not eligible for FSP)
  - ☐ Child Protective Services (voluntary or involuntary)

\* Exceptions: Children with anorexia nervosa can be determined eligible when actively receiving services from only one service system such as Mental Health.